



**California State Board of Pharmacy**

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STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GRAY DAVIS, GOVERNOR

April 13, 2001

TO: Interested Parties

FROM: Patricia F. Harris  
Executive Officer

RE: Pharmacy Manpower Task Force – April 27<sup>th</sup> Meeting

The Pharmacy Manpower Task Force is meeting on April 27, 2001, in Sacramento. Attached are the Agenda, the list of “Proposed Solutions”, the “Relative Merits Solutions” template and the Ground Rules.

As you will recall at the January 23<sup>rd</sup> meeting, proposed solutions were generated. Those solutions were categorized and mailed to the task force and all interested parties in a mailing dated February 6, 2001. The Task Force’s ground rules provide that in order for a proposed solution to remain on the proposed solutions list for this April meeting, the “Proposed Solution Format” template had to be completed with supporting documentation and returned to the board by March 1.

The Task Force was provided with the “Proposed Solution Format” templates that were returned. If a template was not returned on a solution, that solution was marked by strikeout and “deleted” (the text has a line through it). If a new solution was added since the meeting, that solution is underlined and added only if the template was completed.

For the April meeting, Facilitator Lindle Hatton requested that the Task Force review the proposed solutions using the “Relative Merits Solutions” template. The Task Force is using the first three steps to identify the top three proposed solutions that they would like the Pharmacy Manpower Task Force to consider. Then the Task Force will discuss criteria number 4: the pros and cons for each proposed solution.

Because of the volume of documents that the “Proposed Solution Format” templates generated, the board is unable to provide a copy with this mailing. If you wish to reserve a copy to be picked-up at the Task Force meeting on April 27, 2001, please contact Candy Place at [rxcontactus@dca.ca.gov](mailto:rxcontactus@dca.ca.gov).



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*Revised 4/01*

## ***PHARMACY MANPOWER TASK FORCE***

*A working group to ensure patient access to pharmacists' care and prescription services*

### ***PROPOSED SOLUTIONS***

#### **CATEGORY A: TECHNOLOGY/AUTOMATION**

##### **Proposed Solutions**

1. ~~Implement technology to allow for the electronic transmission of prescriptions and electronic prescribing~~
2. ~~Improve automation in pharmacies to allow for central refill pharmacies, automated dispensing devices and robotics~~
3. Limit the number of telephones
4. Allow for centralized processing that provides pharmacists with the opportunity to perform drug utilization review, consultation, initiate prescriptions and issue compliance reminders from a centralized location
5. Facilitate the increase use of technology by removing existing legislative or regulatory barriers and distributing information on how technology can improve efficiencies.

(Pharmacy law already authorizes solutions number one and two. It is federal law that does not authorize the electronic prescribing of schedule II-V controlled drugs.)

#### **CATEGORY B: TECHNICIAN TRAINING**

##### **Proposed Solutions**

1. ~~Expedite the technician registration process~~
2. Require the Pharmacy Technician Certification Board (PTCB) examination as a qualification for technician registration
3. ~~Establish articulation agreements between the schools of pharmacy and pharmacy technicians~~

4. ~~Require each pharmacy to be responsible for the training and competency assessment of the technician~~
5. ~~Standardize the training curriculum for pharmacy technicians~~
6. ~~Increase the training requirements for technicians~~

## **CATEGORY C: USE OF ANCILLARY SUPPORT**

*(Clerk-typist/Technician/Pharmacist Assist/Pharmacist Intern)*

### **RATIOS**

*(1 clerk-typist: 1 technician: 1 technician trainee: 1 pharmacist intern: 1 pharmacist)*

### **Proposed Solutions**

1. Expand the duties of the technician
2. ~~Expand the duties of the clerk-typist~~
3. Eliminate the clerk-typist ratio (e.g. increase the clerical help to take refill information and generate the prescription label)
4. Increase the ratio of technicians to pharmacists
5. ~~Let the pharmacist in charge determine the ratio of ancillary support~~
6. Create a pharmacist assistant classification, require a two-year college degree and determine the duties of the pharmacist assistant
7. Allow technicians to check technicians in the inpatient hospital pharmacy for unit dose drug distribution systems
8. Increase the number of pharmacist interns a pharmacist can supervise
9. Study staffing ratios at employers having a problem hiring pharmacists

## **CATEGORY D: CALIFORNIA PHARMACIST LICENSURE EXAMINATION**

### **Proposed Solutions**

1. Offer the examination more than two times per year
2. ~~Expedite the examination results~~
3. ~~Offer the examination by appointment~~
4. Eliminate the essay section and only offer a multiple choice/true-false format
5. ~~Offer the examination to seniors in their last semester~~
6. ~~Change the grading of essay of the examination to make it less weighted~~
7. Assist applicants preparing for the examination
8. Increase the number of failed attempts from four to six before an applicant has to take additional coursework

## **CATEGORY E: RECIPROCITY**

### **Proposed Solutions**

1. Allow reciprocity
2. ~~Change the evaluation method of foreign trained pharmacists (currently they must take the national equivalency examination, test of spoken English and the California licensure examination)~~
3. ~~Examine foreign trained pharmacists on federal and state laws and language skills~~
4. Provide a one year temporary license to a pharmacist licensed in another state

## **CATEGORY F: THIRD PARTY PAYERS**

### **Proposed Solutions**

1. ~~Place more responsibility on 3<sup>rd</sup> party payers to increase reimbursement to pharmacies~~
2. ~~Shift 3<sup>rd</sup> party adjudication issues away from community pharmacies and pharmacists~~
3. ~~Offer incentives for 3<sup>rd</sup> party payers to pay for counseling and pharmacists' care~~
4. ~~Allow community pharmacies to provide a 90-day supply of medications consistent with mail order pharmacies~~
5. Require a universal prescription insurance card
6. Allow all community pharmacies to be automatically enrolled in all HMO's as an universal provider

## **CATEGORY G: WORKLOAD/WORKING CONDITIONS**

### **Proposed Solutions**

1. Allow the pharmacist-in-charge to be in-charge of more than one pharmacy
2. ~~Eliminate mandatory patient consultation on all new prescriptions~~
3. Require patient consultation on all new and refill prescriptions
4. ~~Mandate a workload standard of filling 15 prescriptions per hour per pharmacist~~
5. ~~Provide the pharmacist in-charge with the legal authority to determine the staffing needs of the pharmacy~~
6. Mandate that a pharmacy has adequate staffing
7. ~~Increase the pharmacist's wages~~
8. ~~Improve the pharmacist's job satisfaction~~
9. ~~Improve working conditions~~
10. Implement quality assurance programs to measure prescription workload and errors

- ~~11. Eliminate the situations where a pharmacist must come to work early to complete the prior day's work~~
- ~~12. Require that prescribers hand print their prescriptions~~
- ~~13. Study employers who have no problem hiring pharmacists~~
- ~~14. Increase the attraction to the pharmacy profession~~

## **CATEGORY H: PHARMACIES**

### **Proposed Solutions**

1. Require community pharmacies be accredited
2. Limit the number of pharmacy permits issued
3. Allow the board to grant waivers to keep pace with innovative, technological and other advancements to enhance the practice of pharmacy

## **CATEGORY I: MISCELLANEOUS**

### **Proposed Solutions**

- ~~1. Establish a rehabilitation program for pharmacists who make prescription errors~~
2. Provide scholarships/grants to pharmacy students who will then practice in underserved areas of California
- ~~3. Have the pharmacy schools look at manpower statistics~~
- ~~4. Have the board allocate resources to help solve the pharmacy manpower problems~~
- ~~5. Advocate quality improvement programs such as disease state management, pharmacist intervention to prevent prescription misadventures, and provision of pharmacists' care.~~
- ~~6. Do nothing~~
7. Re-establish the Bachelor of Pharmacy four-year degree program to oversee the drug distribution, pharmacy technician dispensing and to manage the pharmacy
8. Study whether a true pharmacist shortage exists in California

## **CATEGORY J: OTHER PROPOSED SOLUTIONS**



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## **RELATIVE MERITS SOLUTION TEMPLATE**

1. Using the Categories (A-J) developed from the January 23<sup>rd</sup> forum, identify the most viable solutions from the bullets listed under the category. In making your selection, distinguish between “solution” and “end result.” A “solution” is a means to achieve the end result or desired outcome.
2. Evaluate that the solution addresses a problem (to ensure that patients have access to pharmacists’ care and prescription services). Generally it is either a yes or no response.

Example:

Survey all patients for wait times in a pharmacy  
(Does this solution ensure that patients have access to pharmacists’ care and prescription services?)

versus

Increase the number of pharmacy schools  
(Does this solution ensure that patients have access to pharmacists’ care and prescription services?)

The former is an end result, not a solution.

3. Evaluate the documentation that supports the proposed solution.  
The documentation should be valid data or a study rather than hearsay or personal opinion.
4. List the pros and cons of the proposed solution.
5. Estimate the cost to implement the proposed solution.
6. Identify the measures required to implement the solution.